



JSW

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10791520
	Filing Date	March 2, 2004
	First Named Inventor	Mark Michael Kosich
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	3184/1

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark Michael Kosich
Signature	<i>Mark Michael Kosich</i>
Date	May 11, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Mark Michael Kosich		
Signature	<i>Mark Michael Kosich</i>	Date	May 11, 2004

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PTO/SB/82 (09-03)

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	
Filing Date	March 2, 2004
First Named Inventor	Mark Michael Kosich
Art Unit	
Examiner Name	
Attorney Docket Number	3184/1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Mark Michael Kosich		
Signature			
Date	May 11, 2004	Telephone	252-235-0333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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